

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009122

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

483

STATE FILE NUMBER

FILED MAR 2 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Lemay

Length of stay in 1b
Years

Years

c. FULL NAME OF
HOSPITAL OR
INSTITUTION

2707 Kenny Drive

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY

St. Louis

c. CITY
OR TOWN

Lemay

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

2707 Kenny Drive

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

AUGUST

I

FREDERICH

4. DATE
OF DEATH

Month

Day

Year

2-6-1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8-8-1890

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Cement Finisher

10b. KIND OF BUSINESS OR INDUSTRY

Frederich Con. Co.

11. BIRTHPLACE (City and state or country)

St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

F.J. Frederich

13b. MOTHER'S MAIDEN NAME

Katherine Hobenrich

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, No or unknown)

No

(If yes, give year or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Hilda Schick 2702 Kenny Dr. 25 Mo

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

15 Min.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Oct 1961 to death

and last saw

her

him

alive on

2/4/62

Death occurred at

7/45 A.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL CREMATION,
(Specify)

Burial

23b. DATE

2-9-1962

23c. NAME OF CEMETERY OR CREMATORY

S.S. Peter & Paul Cem.

23d. LOCATION (City, town, or county)

St. Louis Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

WINGBERMUEHLE 3819 So Grand Blvd.

25. DATE RECD. BY LOCAL REG.

2-8-62

26. REGISTRAR'S SIGNATURE

John G. Kellest M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George J. Dingbennet

Licensed Embalmer No. 4611

P. O. Address St. Louis 18 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
• If this body is not embalmed, fact should be so stated above.